



Office Use Receipt: _____
File #: _____

Office of Enrolment Management and Registrar
 9125 - 50 Street, Edmonton, Alberta, Canada T6B 2H3
 Phone: (780)465-3500 or (800)661-TKUC (8582) Fax: (780)465-8321
 admissions@kingsu.ca or registrar@kingsu.ca http://www.kingsu.ca

APPLICATION FOR REINSTATEMENT

King's Student Identification Number: |__|__|__|__|__|__|

NAME:
 Mr. Mrs. Miss Ms. Other (Please specify Dr./Rev.) _____
Surname or Family Name

First Name Middle Initial Preference Name Former Surname(s)/Maiden Name

CURRENT ADDRESS: Effective Until |__|__|__| Day |__|__| Month |__|__| Year | Once this date has lapsed all correspondence will be sent to the Permanent Address below.

Apt. # Street City

_____ (_____) _____

Province/State Postal/Zip Code Country Telephone

OTHER TELEPHONE: (_____) _____ E-MAIL ADDRESS: _____

PERMANENT ADDRESS: (complete only if different than above)

Apt. # Street City

_____ (_____) _____

Province/State Postal/Zip Code Country Telephone

EMERGENCY CONTACT:

Name _____ Telephone _____ Relationship _____

ACADEMIC INFORMATION

Post-Secondary Institutions

List all post-secondary institutions previously or currently attended (including The King's University). Use a separate sheet if necessary.

I confirm that I have not attended any other post-secondary institutions since I attended The King's University. All of my current academic information is on file.

I have attended the following institutions since I last attended The King's University.

Name _____ City _____ Prov ____ From |__|__|__| to |__|__|__| Student ID _____
year month year

Credential Received/Expected Yes No If yes, Credential Name _____ Date Received |__|__|__|__|__|
month year

Name _____ City _____ Prov ____ From |__|__|__| to |__|__|__| Student ID _____
year month year

Credential Received/Expected Yes No If yes, Credential Name _____ Date Received |__|__|__|__|__|
month year

PROGRAM, YEAR, TERM AND STATUS

PROGRAM: _____

STATUS:

(check one only)

Full-time (at least 9 credits per term)

Part-time

Visiting (letter required)

Unclassified - course: _____

I wish to begin classes: September _____ (year)

January _____ (year)

Please put me back into the classes I was previously registered in, with the following changes. I understand that if a class is currently full, I will be placed on the waitlist.

COURSES TO BE ADDED

Fall (F) or Winter (W)	Course Code (ex. PHIL 230)	Section/Lab/Seminar	CREDIT	Registry Initial

COURSES TO BE DROPPED

Fall (F) or Winter (W)	Course Code (ex. PHIL 230)	Section/Lab/Seminar	CREDIT	Registry Initial

DECLARATION OF APPLICANT

Read this Declaration carefully before signing. This must be signed by the applicant only.

I understand that documents submitted to The King's University become the property of the University and that neither the originals nor copies will be released to me or anyone outside the University. If I am not admitted or do not attend, I understand that the application, transcripts and other supporting documents may be destroyed at the discretion of the Registration and Student Finance. If I wish to reapply, I understand that a new set of documents may be required.

I certify that all statements made in connection with this application are true and complete in all respects, and that no information has been withheld. I understand that falsifying or omitting documents or omitting information on this application will result in immediate and permanent dismissal from King's and the placement of my name on *Document Alert*, a warning notification list used by Canadian post-secondary institutions. Falsified documents may be referred to appropriate government authorities. The University reserves the right to refuse admission or cancel any admission ruling on medical or other grounds. Completion of this application gives express permission to The King's University to request from other institutions any applicant transcripts in addition to those already submitted.

I acknowledge that the information on this application is required to determine my eligibility for admission and will be used to contact me regarding King's programs and services. If admitted, it will form part of my student record and will be disclosed to relevant academic and administrative departments. Specific data elements will be disclosed to federal and provincial governments to meet reporting requirements.

I agree, if admitted to The King's University, to comply with all rules and regulations of the University.

Signature of Applicant

Date

***APPLICATION CHECKLIST* [✓] PLEASE READ CAREFULLY.**

I have read the application form carefully and completed all sections including the program section, and I have signed the Declaration section.

I have included my application fee.

OFFICE USE ONLY: Admission Decision: _____ Status: _____

Admission Officer

Date